



BAIL BOND SECTION  
P.O. BOX 9048  
OLYMPIA, WA 98507-9048  
(360) 664-6624  
FAX (360) 570-7888  
dol.wa.gov  
E-mail: security@dol.wa.gov

## Bail Bond Agent License Application

FOR VALIDATION ONLY

001-000-299-0017

### Please check one:

- ☐ **Original \$400**  
☐ **Renewal \$250**  
☐ **Late Renewal \$350**  
☐ **Transfer No Fee**

Make remittance payable to State Treasurer  
Send this application with your remittance to:  
Department of Licensing  
PO Box 9048  
Olympia, WA 98507-9048

### Applicant Information

*Please type or print clearly in dark ink*

Last Name	First Name	Middle Name	Date of Birth
Applicant's Residence Address (Street)			
City	State	Zip	Home Telephone No. ( )
<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Resident Alien	Social Sec. No. (required -RCW26.23.150)	Gender <input type="checkbox"/> M <input type="checkbox"/> F

### Business Information

Business Name	Company License No.	Company License Expiration Date	
Business Address (street address as it appears on the license)			
City	State	Zip	County
Business Telephone No. ( )	Fax No. ( )		

### Certification Of Training/Examination

State the training you received while working as a trainee and the name of the principal instructor:

This is to certify that \_\_\_\_\_ has  
successfully completed the training and examination requirements as outlined in WAC 308-19-300.

\_\_\_\_\_  
PRINTED NAME OF QUALIFIED AGENT

**X**

\_\_\_\_\_  
SIGNATURE OF QUALIFIED AGENT

License Number of the Bail Bond Agency/Qualified Agent: \_\_\_\_\_ Date \_\_\_\_\_



## Applicant Personal Data

1. Have you ever been convicted of a crime(s) in any jurisdiction as a Juvenile or Adult? ☐ Yes ☐ No  
If you answered **NO** to this question and you have a disqualifying criminal history, your license will be **denied** for misrepresentation.  
If you answered **YES**, please provide the following information to determine your eligibility for licensure. **Failure to provide the requested information will result in an incomplete application.**
- I was convicted of \_\_\_\_\_ in the  
State of \_\_\_\_\_ on \_\_\_\_\_  
by \_\_\_\_\_ COURT OF JURISDICTION (federal/state/municipal) Date
- My conviction was *(please check one, if appropriate, and provide copies of the court documents)*:  
☐ Dismissed ☐ Vacated ☐ Deferred  
For additional crimes, please use a separate piece of paper and answer these same questions.
2. Is there a criminal complaint, accusation, or information presently pending against you or are you currently under indictment in this state, any other state, by the federal government, or any other jurisdiction? ☐ Yes ☐ No
3. Has any professional or occupational license, certification, or permit held by you been fined, suspended, revoked, refused or denied in this state, any other state, by the federal government or any other jurisdiction? ☐ Yes ☐ No

## Applicant Affidavit

I, \_\_\_\_\_, have carefully read the information herein, and  
PRINT APPLICANT NAME  
pursuant to RCW 9A.72.085, I declare under penalty of perjury under the law of the state of Washington that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of the bail bond agent license in the state of Washington.

Signature of applicant **X** \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

**Once filed, this application is a public record and is subject to public disclosure. RCW 42.56**